Michigan Department of Community Health **Board of Nursing**

P.O. Box 30193 Lansing, MI 48909 (517) 335-0918

www.michigan.gov/healthlicense

MICHIGAN NURSING SCHOOL CERTIFICATION

Authority: Public Act 368 of 1978, as amended If this form is not completed, a license will not be issued.

INSTRUCTIONS FOR COMPLETION:

Dean, Director or Registrar of the nursing program please complete the following information. Return this completed certification directly to the Michigan Board of Nursing at the address shown above.

certify that(Applicant's Nar	me)
(Applicants Nat	me)
ocial Security Number	and Date of Birth of
riculated in the	me of School of Nursing
1 V G	The of School of Nursing
27	
City	State
Month/Day/Year	, and completed the program on Month/Day/Year
further certify that the applicant has fulfilled all requiremen	nts for:
L.P.N.	R.N.
L.P.N.	R.N.
L.P.N.	R.N. □ a Diploma
L.P.N. □ a Certificate	R.N. □ a Diploma □ an Associate Degree □ a Baccalaureate Degree
L.P.N. □ a Certificate	R.N. □ a Diploma □ an Associate Degree □ a Baccalaureate Degree
L.P.N. □ a Certificate	R.N. □ a Diploma □ an Associate Degree □ a Baccalaureate Degree
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L.P.N.	R.N. a Diploma an Associate Degree a Baccalaureate Degree

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.